



Attorney Docket No.: 60014 (71719)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Toshimitsu Ohara, et al.

Confirmation No.: 5612

Application No.: 10/675,457

Group No.: 3677

Filed: September 29, 2003

Examiner: M. J. Kyle

For: HINGE AND INPUT/OUTPUT APPARATUS THEREBETWEEN

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By:

  
Nicole M. McKinnon

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Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**COMMENTS ON EXAMINER'S STATEMENT OF REASONS FOR ALLOWANCE**

Sir:

Pursuant to the provisions of 37 C.F.R. § 1.312, Applicant submits that the Examiner's Statement for Reasons for Allowance unduly limits the scope of the claims.

In the Examiner's Reason for Allowance (after "DETAILED ACTION," "Allowable Subject Matter" attached to the Notice of Allowability), the Examiner makes some comments concerning what the prior art shows. Applicant does not necessarily agree that the prior art teaches "a tubular base part, a rotation body with a cam part, a wedge body, and an elastic member," as asserted by the Examiner.

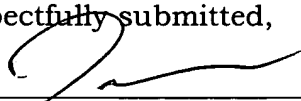
Comments on Examiner's Statement of Reasons for Allowance  
Application No. 10/675,457

Entry and consideration of this Response is respectfully requested. Please  
charge any fees that may be due in connection with this matter to Deposit Account  
04-1105.

Respectfully submitted,

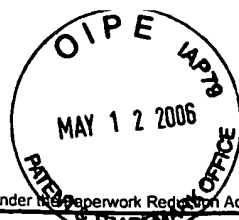
Date: May 12, 2006

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| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>                                   |                      | <b>Complete if Known</b> |                        |
|  |                      | Application Number       | 10/675,457-Conf. #5612 |
|  |                      | Filing Date              | September 29, 2003     |
|  |                      | First Named Inventor     | Toshimitsu Ohara       |
|  |                      | Examiner Name            | M. J. Kyle             |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | Art Unit             | 3677                     |                        |
| <b>TOTAL AMOUNT OF PAYMENT</b>   | <b>(\$)</b> 1,730.00 | Attorney Docket No.      | 60014 (71719)          |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |


| 2. EXCESS CLAIM FEES   |                     | Small Entity Fee (\$) |
|--|---------------------|-----------------------|
| <b>Fee Description</b>   |                     | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)                                |                     | 50                    |
| Each independent claim over 3 (including Reissues)                     |                     | 200                   |
| Multiple dependent claims  |                     | 360                   |
| <b>Total Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| _____ - 20 = _____   | x _____             | = _____               |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                       |
| <b>Indep. Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| _____ - 3 = _____  | x _____             | = _____               |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                       |

| 3. APPLICATION SIZE FEE   |                     | Fee (\$)  | Fee Paid (\$)   |
|---|---------------------|---|-----------------|
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                 |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b> |
| _____ - 100 = _____   | /50                 | (round up to a whole number) x _____                    | = _____         |
| 4. OTHER FEE(S)   |                     | Fees Paid (\$)  |                 |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                 |
| Other (e.g., late filing surcharge): 1501 Utility issue fee   |                     |   | 1,400.00        |
| 1504 Publication fee for early, voluntary, or normal ...  |                     |   | 300.00          |
| 8001 Printed copy of patent w/o color   |                     |   | 30.00           |

|                     |                    |                                   |                |
|---------------------|--------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                    |                                   |                |
| Signature           |                    | Registration No. (Attorney/Agent) | 36,984         |
| Name (Print/Type)   | John J. Penny, Jr. | Telephone                         | (617) 439-4444 |
|                     |                    | Date                              | May 12, 2006   |

|  |                             |
|--|-----------------------------|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 754863357 US, on the date shown below in an envelope addressed to: MS ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                             |
| Dated: May 12, 2006  | Signature:  Nicole McKinnon |


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|   |                        |                        |
|---|------------------------|------------------------|
|  <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number     | 10/675,457-Conf. #5612 |
|   | Filing Date            | September 29, 2003     |
|   | First Named Inventor   | Toshimitsu Ohara       |
|   | Art Unit               | 3677                   |
|   | Examiner Name          | M. J. Kyle             |
| Total Number of Pages in This Submission  | Attorney Docket Number | 60014 (71719)          |

**ENCLOSURES (Check all that apply)**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Part B - Issue Fee Transmittal; Comments on Examiner's Statement of Reasons for Allowance; Certificate of Express Mailing; and return receipt postcard. |
| Remarks  |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

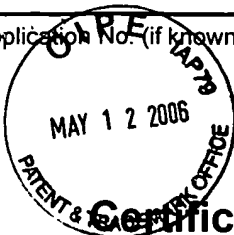
|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | EDWARDS ANGELL PALMER & DODGE LLP   |          |        |
| Signature    |  |          |        |
| Printed name | John J. Penny, Jr.  |          |        |
| Date         | May 12, 2006  | Reg. No. | 36,984 |

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Dated: May 12, 2006

Signature: 

(Nicole McKinnon)



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on May 12, 2006  
Date

A handwritten signature in cursive script, reading "Nicole McKinnon".

Signature

Nicole McKinnon

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

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Fee Transmittal (1 page);

Part B - Issue Fee Transmittal (1 page);

Comments on Examiner's Reasons for Allowance (2 pages);

Charge \$ 1,730.00 to deposit account 04-1105; and

Return receipt postcard.